
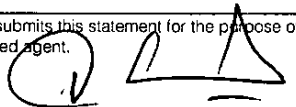
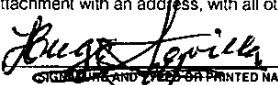


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90148 013 ****61.25

DOCUMENT # N03000009042 1. Entity Name VIRGEN DEL CARMEN DEL PERU, CORP.					
Principal Place of Business 6820 SW 17TH STREET MIAMI, FL 33155			Mailing Address 6820 SW 17TH STREET MIAMI, FL 33155		
2. Principal Place of Business 9745 Miller Dr. Suite, Apt. #, etc.		3. Mailing Address 9745 Miller Dr. Suite, Apt. #, etc.			
City & State Miami, FL.		City & State Miami, FL.		4. FEI Number 20-1293539	
Zip 33165		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACEDO, CARLOS 9745 MILLER DRIVE MIAMI, FL FLORI-DA		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT- MACEDO, CARLOS <input type="checkbox"/> Delete 9745 MILLER DRIVE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - - - - <input checked="" type="checkbox"/> Delete ARGA, GUIDO 14577 SW 95TH LANE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hugo Sevilla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6820 SW 17 St. Miami FL. 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gladys Arca <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14577 SW 95 Ln. Miami, FL. 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Sofia Benites <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3320 SW 63 Ave. Miami, FL. 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pablo Paytan <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete 8595 SW 127 St. Miami, FL. 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Juan Privat <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6780 SW 17 St. Miami, FL. 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norma Lopez <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete 13510 SW 178 St. Miami, FL. 33177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Rodolfo Barandiaran <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3820 NW 183 St. Opa-Locka, FL. 33055	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Hugo Sevilla, VPD (305) 261-8453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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03162005 Chg-NP CR2E037 (10/03)